

Cognitive behavioural therapy (CBT) shows promise in treating young children with obsessive compulsive disorder

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The Bottom Line:

Cognitive behavioural therapy (CBT) has long been recognized as an effective treatment for obsessive compulsive disorder (OCD) in older children, teens, and adults, but little research has been available on its effectiveness with younger children.

Preliminary results from recent studies now indicate that CBT may be a promising treatment for children as young as 7 years old, an important finding since drug therapies are not approved for use in young children.

More research is needed to confirm that it is the most effective treatment in this age group, and to determine if it can be used successfully with children ages 5 to 7.

What problem is being addressed?

Although it is found far less frequently than in older children and teens, **obsessive compulsive disorder (OCD)** does affect children as young as age 4. Early onset of the condition can negatively affect normal development and appears to be associated with longer duration of symptoms. Early intervention is especially important to help the affected child get back on track developmentally and to prevent many of the school, family, and social problems that are associated with the condition.

While drug therapy can be very effective in older children, teens and adults, the medications are not approved for use in young children. This study looked at whether cognitive behavioural therapy (CBT), shown to be effective in older children, teens, and adults, might also work for young children.

What intervention is being tested?

CBT is a type of treatment that helps a person with a condition like OCD learn to understand, cope with, or overcome their symptoms. CBT requires the child to think about the connection between their thinking and their behaviour, an ability that some or all young children may not have.

What is the *real scientific evidence*?

This was a review of the literature related to the use of CBT as a treatment for young children with OCD. Five studies that looked at CBT in young children were reviewed. None included children under the age of 7. All but one of the studies looked at some combination of CBT and medication in at least some of the participants.

Preliminary results from these studies showed that CBT, whether delivered to individuals or to families, seems to be a promising treatment for OCD in young children. More research is needed to confirm that it is the most effective treatment in this age group.

The review authors suggest that good studies be conducted of family-based CBT with children aged 5 to 8 to see if it works on the symptoms of OCD. The research should also determine what child or family characteristics make a difference to the effectiveness of CBT in young children with OCD.

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The preceding is a summary of:

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